

Small Contractor Questionnaire

Insured Name: _____

Mailing address: _____

Physical address: _____

Years in Business: _____ Years of Owner experience in industry: _____

What contractor licenses do you have? _____

Years of experience your employees have? _____

Detailed description of job(s) underway and/or planned for the upcoming year: _____

What percentage of your work is: Commercial? _____% Residential? _____%

What percentage of your work is: Interior? _____% Exterior? _____%

What percentage of work involves: Framing? _____% Exterior painting? _____%

What percentage of work involves: Restoration from fire, water/mold damage? _____%

Do you use sub contractors? _____ If yes, what percentage? _____%

What type of work is sub-contracted? _____

Do you use any casual labor or labor services? _____

What is the highest you work off the ground? _____

Please describe what equipment is used for work off the ground (i.e. ladders, lifts, bucket trucks, etc.): _____

How frequently are employees working on a roof? _____

Other states you will work in: _____ Average travel radius? _____

Please list your last three jobs and describe the services provided:

1. _____

2. _____

3. _____

Owner Signature: _____ Date: _____